PROOF OF CLAIM

Trustee: BERNIE R RAKOZY

				DERIVITA RAMOZA		
UNITED STATES BOISE District of	BANKRUPTCY COURT SOUTHERN IDAHO		PROOF OF CLAIM Chapter	U.S. COURTS		
			Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.	99 NOY -8 PH 4: 24 CAP BURKE		
In RE: (Name of Debtor) LARSI	EN, LUKE ALAN		Case Number: 9902605	DAHO DAHO		
(Name of Assoc Debtor) HELTO	ON-LARSEN ALLISON ADELE		NOTE: This form should not be			
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property) Idaho State Tax Commission P.O. Box 36 Boise, Idaho 83722			used to make a claim for an Administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC [3503.	THIS SPACE IS FOR COURT USE ONLY		
ACCOUNT OR OTHER NUMBER BY V SSN/EIN 518929720	WHICH CREDITOR IDENTIFIES DEBT A/TIN 600400034	OR	This claim a previously filed claim d	ated: //		
1. BASIS FOR CLAIM: Taxes						
2. DATE DEBT WAS INCURRED: TAX PERIOD(S):	See Attached Document	is	3. IF COURT JUDGMENT, DATE OBTAINED:			
4. CLASSIFICATION OF CLAIM It is possible for part of a claim to be describes your claim and STATE T	a. Secured b. Unsecure	d Nonp COM	oriority c. Unsecured Priority PLETE THE APPROPRIATE BOX (or boxes) that bes TIME THE CASE WAS FILED.	1		
SECURED CLAIM: Attach evidence of perfection of securities description of Collateral: Amount of Arrearage and other charges.	axes		ECURED PRIORITY CLAIM: THE PRIORITY OF THE CLAIM: Taxes	\$352.43		
included in secured claim above, if ar	ny:					
UNSECURED CLAIM: A claim is unsecured if there is not co property of the debtor securing the clathat the value of such property is less the claim.	nim or to the extent					
5. TOTAL AMOUNT OF CLAIM	MS AT TIME CASE FILED:					
INSECURED: \$0.00	SECURED:	\$0.0	0 PRIORITY: \$352,43 TO	OTAL: \$352.43		
X Check if claim includes charge charges.	s in addition to the principal amount	of the o	- Attach itemized statement of all addition	nal		
6. CREDIT'S AND OFFSETS: The for the purpose of making this proof of amounts that claimant owes to the debt	claim. In filing this claim, claimant	has be	een credited and deducted ducted all Refund due: \$0.00	THIS SPACE IS FOR COURT USE ONLY		
SUPPORTING DOCUMENTS:	ATTACH COPIES OF SUPPORTE	NG DC	DCUMENTS.			
Date: November 05, 1999	Sign and print the name and title, person autorized to file this claim CAROLYN KAAS Bankruptcy Department Telephone: (208)334- 7645		of the creditor or other			

IDAHO STATE TAX COMMISSION BANKRUPTCY DEPARTMENT

CLAIM ATTACHMENT-EXPLANATION OF TAX LIABILITY

DATE: November 05, 1999

LARSEN, LUKE ALAN Name of Debtor(s)		9902605	13	518929720	
		Case Number	Chapter	Debtor SSN/EIN Number	
EXPLANATION					
Tax Type Codes:	A. Individual Income B. Corporate C: Sales	D. Use Tax F. Lodging F. Withholding	G. Special Fuels H. Intml Fuels I. Miscellaneous		

COMMENTS:

UNSECURED PRIORITY CLAIMS

Tax Type & Period	Permit Assessed	Tax Due	Interest to Petition Date	Total	Tax ld Number(s):		
A 1998		11	\$341.00	\$11.43	\$352.43	518929720	600400034
	Т	OTAL UNSECURED PR	IORITY CLAIMS:		\$352.43		